ALABAMA FAIR CAMPAIGN PRACTICES ACT

Print Notary's Name

CANDIDATE / ELECTED OFFICIAL ANNUAL REPORT SUMMARY FORM 1A

Please Print in Ink or Type

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Nar	ne of Candidate or Elected Official	Political Party/	Ballot A	Affiliation			
Offi	ce Sought or Held (include district or circuit number, if applicable)						
	,,,,,,,, .						
Add	ress				Т	ype of Report	(check one)
						Report for Yea	
City	State ZIP Code	Telephone Nu	mber		Termina	ation Report	
					Amend	ed Annual Rep	ort for Year
SE	CTION I - Summary of activity from last file	ed report	thro	ugh De	cember 31	of reporting	ng year
1	Beginning balance (ending balance from previo	ous filing)				1	
	Cash Contributions						
2a	Itemized cash contributions (total from Form 2)		2a				
2b	Non-itemized cash contributions		2b				
2c	Total cash contributions (add lines 2a and 2b)					2c	
	In-Kind Contributions						
3a	Itemized in-kind contributions (total from Form	3)	3a				
3b	Non-itemized in-kind contributions		3b				
3c	Total in-kind contributions (add lines 3a and 3b)	3c				
	Receipts from Other Sources						
4	Total receipts from other sources (total from Fo	rm 4)				4	
	Expenditures					<u> </u>	
5a	Itemized expenditures (total from Form 5)		5a				
5b	Non-itemized expenditures		5b				
5c	Total expenditures (add lines 5a and 5b)					5c	
6	Ending balance (add lines 1, 2c, & 4, then subtra	act line 5c)				6	
SE	CTION II - Summary of activity for entire re	eporting y	ear ·	- Janua	ry 1st thro	ough Decen	nber 31st
7	Beginning balance (as of January 1 of reporting	g year)				7	
8	Total cash contributions for year					8	
9	Total in-kind contributions for year		9				
10	Total receipts from other sources for year					10	
11	Total expenditures for year					11	
12	Ending balance (add lines 7, 8, & 10, then subtra	act line 11)				12	
13	Total campaign debt (total debt owed as of Dec	ember 31)	13				
Swc	rn to and subscribed before me this day	of					aign Practices Act, I
	of the year My commission	expires					wledge and belief that contained herein are
	day of of the year		true a	and correc	t and that th	is information i	s a full and complete
		<u>-</u>				is, expenditure cable period of	s, and other required time.
					3 3 ~Fb		
Sign	ature of Notary Public		1				

NNUAL REPORT

FORM REVISED 10.29.99

Date

Signature of Candidate or Elected Official

FORM 2: CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

The FCPA requires that those contributions greater than \$100 be itemized. DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.	NAME OF CANDIDATE / ELECTED OFFICIAL:
າd 4 for th	PAGE
ose listings.	OF

FORM REVISED 10.29.99 (INCLUDE FULL NAME) CONTRIBUTOR ADDRESS

(ADDRESS SHOULD INCLUDE

STREET OR P.O. BOX, CITY, STATE, AND ZIP) TOTAL CASH CONTRIBUTIONS THIS PAGE Business or SOURCE OF CONTRIBUTION Corporation Individual (CHECK ONE) PAC Other Returned CONTRIBUTION **RECEIVED** (mo./day/yr.) DATE CONTRIBUTION AMOUNT

FORM 3: IN-KIND CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: PAGE

The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** cash or loans on this form. Use Forms 2 and 4 for those listings.

CONTRIBUTOR (ADDRESS (ADDRESS SHOULD INCLUDE (ACTIVE ON ZEP) Administrative Advertising Equipment Advertising Equipment Food Rect Dep Do Box CITY, STATE, AND ZEP) Administrative Advertising Equipment Food Rect Dep Do Box CITY, STATE, AND ZEP) Administrative Advertising Equipment Food (mo.dayyyr.) Administrative (controllar) OF Rect Dep Do Box CITY, STATE, AND ZEP) (mo.dayyyr.) Administrative (controllar) OF Rect Dep Do Box CITY, STATE, AND ZEP) (mo.dayyyr.) Administrative (mo.dayyr.) Administrative (mo	AGE	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE	 	SN	OITIO	IBU	TR	Ö	ID C	Ì	Z		,TC	Ţ	TOTAL IN	FORM REVISED 10.29.99
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NATURE OF CONTRIBUTION SOURCE (CHECK ONE)				PAC	1	Business/						Consultants/	Advertising	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	CONTRIBUTOR (INCLUDE FULL NAME)
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ALABAMA FAIR CAMPAIGN PRACTICES ACT

FORM 4: RECEIPTS FROM OTHER SOURCES

LOANS/INTEREST/OTHER SOURCES OF INCOME TO CANDIDATE OR ELECTED OFFICIAL

Name of Candidate / Elected Official: _

PAGE _____OF

The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

	П	AGI	SP	ᆂ	S	EIPT	TOTAL RECEIPTS THIS PAGE					ORM REVISED 10.29.99
AMOUN I OF RECEIPT	RECEIVED (mo./day/yr.)	Other	Business	Individual	PAC	Lending Institution	GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	Other	Loan	Interest	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
	! 		RECEIPT SOURCE (CHECK ONE)	CEIPT SOUR	(인 ECE	 R	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	IPT	FORM RECE	FORM OF RECEIPT		

ALABAMA FAIR CAMPAIGN PRACTICES ACT

FORM 5: EXPENDITURES

BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

NAME OF CANDIDATE / ELECTED OFFICIAL:

PAGE _____OF _

The FCPA requires that expenditures over \$100 be itemized.

	AGE	EXPENDITURES THIS PAGE		Ĕ	E E	Į ₽	TOTAL					FORM REVISED 10.29.99
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					+	+	+		+			
								-				
AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Transportation	Lodging	Loan Repayment	Fundraising	Contribution Food	Polling	Advertising Consultants/	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		RE]	PURPOSE OF EXPENDITURE (CHECK ONE)	OF E	OSE	PURI	$\left \begin{array}{c} \cdot \\ \cdot \end{array} \right $				